

Copy

U.S. COURT OF APPEALS FOR THE FIRST CIRCUIT TOTAL COURT ATTORNEY COUNSEL

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED Czyras, Richard		VOUCHER NUMBER																																																																																																																																																																																							
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:04-010331-001		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																																							
7. IN CASE/MATTER OF (Case Name) U.S. v. Czyras		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																																																							
				10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																																																							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1709.F -- THEFT OF MAIL MATTER BY OFFICER OR EMPLOYEE																																																																																																																																																																																											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS NORRIS, MELVIN 260 Boston Post Road Suite 9 Wayland MA 01778 Telephone Number: (508) 358-3305				13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court <u>11/15/2004</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																							
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																																																											
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